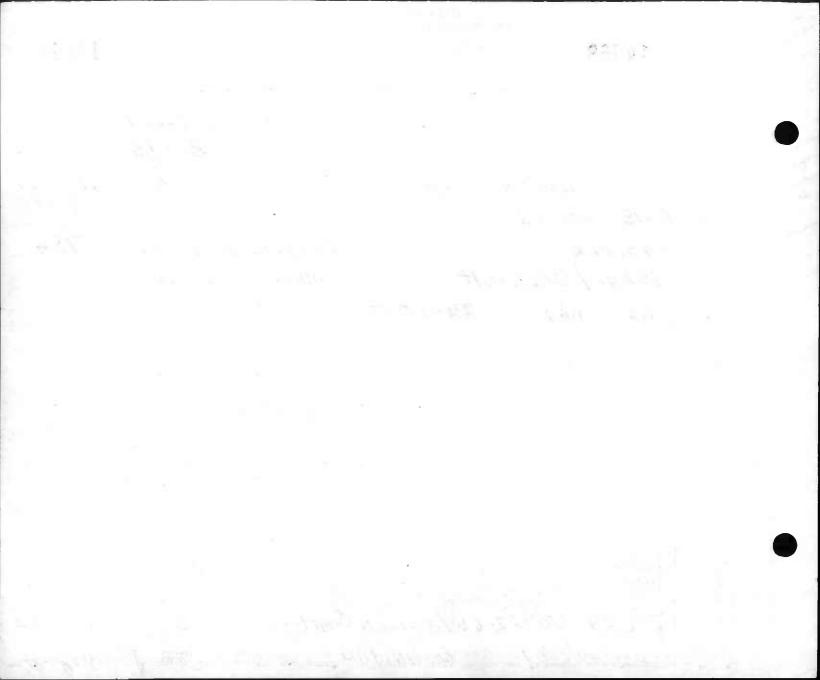
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAND Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours write RURAL and give nearest town) = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled i d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO within completely NAME DE First Middle DATE Month Day Year Last DECEASED (Type or print) DEATH 19 .0 TODE executed 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED last birthday) Months Days in any Hours WIDOWED DIVORCED [ 903 6 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRT PLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please r during most of working life, even if retired) INDUSTRY and certificate removal. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARNED FORCES? ed by the attend transit permit. , cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT Address & BROTHER death (Yes, no, or unknwn) | (If yes give war or dates of service) 3-44-0610 CAUSE DF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN (b), and (c). The law requires that the been signed by the burial-transition to burial, crema ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO orvosa Cenditions, If any, which for use as the b Health prior to b gave rise to Immediate DUE TO cause (a), stating the r this certificate has b detached for use as t te Dept, of Health prior underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T YES ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 2Dd. INJURY OCCURRED 20f. (City or town) (State) (County) be de State I factory, street, office bldg., etc.) RECTOR: After to 3 should be de with the State Hour a.m. While Not While at work at work retained 21. I certify that (I) (this hospital)\_attended the deceased from. DIRECTOR: and that death occurred at 4.2 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page : ATTENDING PHYS. DIRECTOR M.D. O HOSPITAL TO FUNERAL director, pa PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, OREMATION, DATE THEREOF 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) OVAL (Soecify) 66 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. 1966 VR A15 (4) 1/65 20M

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY PM3. Poge ō death. m Deportment b. CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) CORdov ofter TEVENSV e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS farm within 72 hours NO Z Stote [ ofter deoth. Office along with 3. NAME OF Middle 4. DATE Month First Dov Year DECEASED OF the 66 DEATH 19 (Type or print) with t IF UNDER 24 HRS IF UNDER 1 YEAR 9. AGE (In veors SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdov) Months Hours Item 18. DIVORCED WIDOWED hours 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY during most of working life, even if retired) UNDUSTRY 24 ADORER = **Examiner's** poges in on 13. FATHER'S NAME This certificate should be executed within UNKNOWN pup File 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, ng, or unknown) (If yes give, wor or dotes of service) e, writing the word "pending" i farwarded to the Chief Medical or removol, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO О stating the underlying couse last. burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? NO 0 pe 4 should be 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior 3 should traction. CAUSE OF DEATH. ON agent, 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (City or town) (County) (Stote) While of work factory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge designated 21. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian the funeral director. Suicide death resulted fram: Natural causes Accident Hamicide Undetermined manner retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 3 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** moy Health o Address (Street, city, town, or county) NAME (Type) BURIAL CREMATION DATE THEREOF 23d. LOCATION (City or Town) (County) 0 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTA rbon papers. Pages 1 a within 72 hours after d MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL, and give nearest town) hours RURA SUMERSVII d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) HOME withIn completely carbon NAME OF Month Middle Last DATE DECEASED event, (Type or print) DEATH TODER 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR DATE OF BIRTH remove 7. MARRIED NEVER MARRIED last birthday) Months any and WIDOWED DIVORCED ( and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY physician n please r 11. BIRTHPLACE (County & State, or foreign country) WIFE Home removal 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph ermit. Then ENNIE ORTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address transit permit. 17. (Yes, no, or unkown) | (If yes give war or dates of service) 218-03 the been signed by und the burial-transit p ior to burial, cremati CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use for use Health certificate DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING detached f te Dept. of OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER this MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. After Whlie Not While State at work at work retained P the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Age 3 should like with the and that death occurred at 2/M. from the causes and on the date stated above. saw the deceased alive on 19 (17 22a. SIGNATURE page STAFF PHYS. ATTENDING PHYS. DIRECTOR O FUNERAL PHYSICIAN' 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (CIty, town or county) SURIA FUNERAL DIRECTOR **ADDRESS** 

e. IS RESIDENCE ON A FARM? NO

Year

IF UNDER 24 HRS

19 66

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

NO F

(State)

PERFORMED?

that (I) (we) tast

(State)

YES

DATE SIGNED

(County)

22b.

YES

Day

Days

12. CITIZEN OF WHAT CQUNTRY?

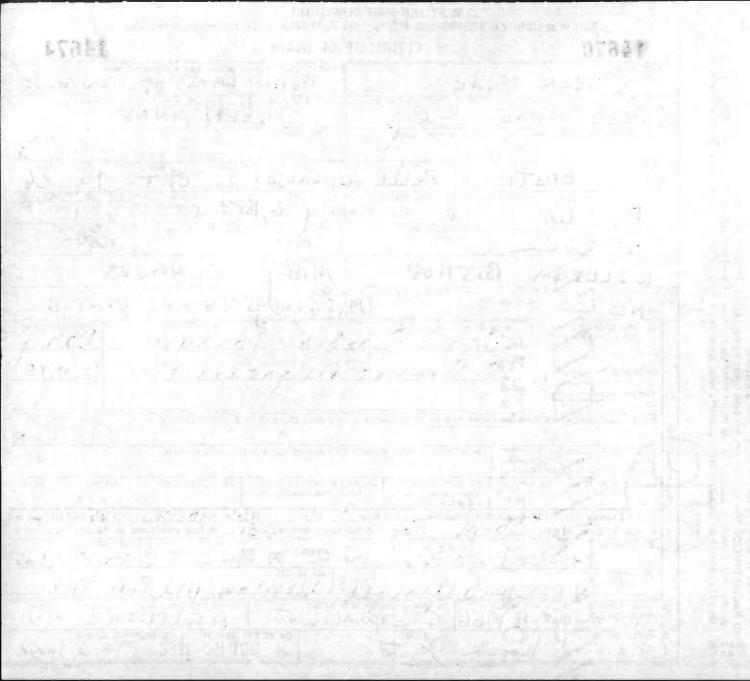
VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14670 campletely filled in by the funeral nave carban papers. Pages 1 and y event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY MARYLAND c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write, RURAL and give nearest town e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address d. STREET ADDRESS 00 NO D YES 3. NAME OF 4. DATE Manth DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED 9. NEVER MARRIED remove last birthday) Months Haurs Days in any e WIDOWED DIVORCED and KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 10b. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OE WHAT during most of working life, even if retired) dse INDUSTRY COGNIDA 3 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BUSHOP COMAGES attending ar rem 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI permit. (Yes, no, ar unknown) (If yes give wor ar dates of service crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Health p NO far 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING FT CAUSE OF DEATH at detached (IF FITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, affice blda., etc.) Haur o.m. While Nat While State [ at wark at work pe 19/06, to 10-14 21. I certify that (I) (this hospital) attended the deceased fram shauld 19 h, and that deoth occurred at S. M, from causes and an the dote stated above. sow the deceased alive on\_ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF X director, page 3 should be filed v PHYS. PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City or Town) (County) 0 10 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 166

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. attending physician. Page 4 may be retained by the haspital ar

VR A15 (4) 20 M 1/66



	14671 CERT	IFICAT	TE OF DEATH  1	ACTE
	PLACE OF DEATH a. COUNTY Queen Anne MAR	RYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution; Res  a. STATE  Maryland  Queen A	nne
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  Nr. Church Hill  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street ad		c. CITY OR TOWN (If outside corporate limits, write RURAL end s  Rural Church Hill d. STREET ADDRESS	. IS RESIDEN
				YES NO
	NAME OF First Middle DECEASED (Type or print) Mary Eliz	za	Hall October 10	19 66
		ced   Ma	DATE OF BIRTH    9. AGE (In years last birthday)   Months   Da	ys Hours Min
do	USUAL OCCUPATION (Give kind of work educing most of working life, even if retired)  HOUSEWITE  FATHER'S NAME			USA
15.	Charles Walls WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY		Elizabeth Barcus	
(Ye	s, no, or unkown) (If yes give were released service)  1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and	Jam	mes F. Hall, Church Hill, M	aryland
	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which  (b)	lere	Hunghley Thombree	Inchy 4 years
	(e), stating the underlying cause last.	clerilie	a - Hypertensis Cardinisades Dis.	6 year
CERTIFICATION		ATH BUT NOT	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOP PER ORMED YES NO
ERTIF	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED.	D. (Enter nature of injury in Part I or Pert II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   Hour a.m.   While Not While		CE OF INJURY (Home, farm, 20f. (City or town) (County tory, street, office bldg., etc.)	(Stete)
	p.m. 19 at work et work	]		
MEDICAL CI	p.m. 19 at work et work 21. I certify that (I) (this hospital) attended the deceases aw the deceased alive on. 1924.	sed from	death occurred at 7. P.M., from the causes and on the	
	p.m. 19 at work 1 et work 1  21. I certify that (I) (this hospital) attended the decease	sed from	death occurred at	date stated above
MEDICAL	21. I certify that (I) (this hospital) attended the decease saw the deceased alive on. 22a. SIGNATURE  22a. BHYSICIAN'S	, and that d	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR MARY  22d. ADDRESS Centreville, Mary  OR CREMATORY 123d. 10CATION (City, jown-precounty)	date stated abov 22b. DAT SIGI

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3. NAI DEC SE 5.

10a. US during a

15. WA (Yes, no

18.

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PAI

20a OR (IF 2D0

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22

23a. BR

MEDICAL CERTIFICATION

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
"DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTI	FICA	TE	OF D	FATH

14072	CERTIFICATE	OF DEATH		14676
PLACE DF DEATH	2	M/1	Where deceased lived, If institution	n: Residence before admission)
(PUEEN HANKS	MARYLAND	a. STATE ARYLA	and b. country	KEN ANNES
c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b	CITY OR TOWN (If duts	ide corporate limits, write RU	RAL and give nearest town)
EXTREVILLE A	his bife	CENTRE	MILE	17.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tal, give street address)   d	. STREET ADDRESS	0.4	e. IS RESIDENCE ON A FARM?
		212 N. Co	MMERCE ST.	YES NO
NAME DF DECEASED First	Middle	Last 4.	DATE Month	Day Year
Type or print) AMES  EX   6, COLDR DR RACE   7 MARRIED		DATE OF BIRTH	DEATH DETO DER	DER 1 YEAR   IF UNDER 24 HRS.
1 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	THE TEN MARKETED AND A STATE OF THE STATE OF		9. AGE (In years IF UNI	is Days Hours   Min.
USUAL OCCUPATION (Give kind of work done   1Db. KIND		NE 28 1889	& State, or foreign country)   12	CITIZEN OF WHAT
g most of working life, even If retired) INDU		0. 0		COUNTRY?
FATHER'S NAME		4. MOTHER'S MAIDEN	O, MARY AND	4.3.17.
William Hammeld		Mag Usa	1/41	
WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC	IAL SECURITY NO.   17. INF	FORMANT DAUGHT	KIRBY Address	- 1
no, or unkown) (If yes give war or dates of service)	1 M = 1 M	ANNAR HAMA	and a Sceni	WERGE ST.
18. CAUSE DF DEATH [Enter only one cause per line (		I HOWAIC (FAI)	ING CENTREN	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (a)	ronary U	1 1 A		10 MARAGE
Conditions, If any, which	uscleritio 1	Heart Dui	ine	Oyears
gave rise to immediate DUE TO				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
				YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH 20b.	RIBE HOW INJURY OCCURRE	ED. (Enter nature of inju	ry In Part I or Part II of Item	18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	factory s	DF INJURY (Home, farm, street, office bldg., etc.)	20f. (City or town)	(County) (State)
p.m. 19 While at work	Not While at work			
21. I certify that (I) (this hospital) attended t	he deceased from Ja	, 19	60	166 , that (1) (we) last
saw the deceased alive on O + 4	1966, and that de	eath occurred at 162	M, from the causes and o	
22a. SIGNATURE		ATTENDING MED.	STAFF	DATE SIGNED
22c. PHYSICIAN'S	M.D.	PHYS. DIRE	CTOR PHYS.	621 - 62
NAME (Type) John K. Sml	H 3k	Centreall	e, mil	
BURIAL, CREMATION, 23b. DATE THEREOF PEROVAL (Soecify)	C. NAME OF CEMETERY OR	CREMATORY 3	3d. LOCATION (City, town or	county) (State)
URIAL DUTIT, 1766 N	hestertield (	EASTERY (	BAREVILE, IIA	Ry AND 21617
FUNERAL DIRECTOR	ADDRESS	25a. REC'D B	Y REGISTRAR   25b. REGISTR	MIN D SIGNATURE

1966

VR AIS

. . . 14626 Alternative Advantage of the second W Land A Secretary of the Company of the Co A SELECTION OF THE PARTY OF THE Coronary Ocalusion ... ... Helian addingstrate Head Durine 10 years A 18 PT I I I TO THE PARTY OF STREET, AND ADDRESS OF THE PARTY OF THE Potest 1 25 10 potest John R. Smith W. Centrarille, Mr. 4 J - E - 94  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after feath.

VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	
14673	CERTIFICATE OF DEATH	14677

1.		2. USUAL RESIDENCE (Where deceased lived, If Institution: F	lesidence before admission)
	a. COUNTY Queen Anne MARYLAND	a. STATE Maryland b. COUNTY Qu	een Anne
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
C	Chestertown (Kingstown)	Chestertown (Kingstow	n) ////
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
A	t Home - Kingstown	Kingstown	ON A FARM? YES NO EX
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) William A. Holden	DEATH Oct. 10,	
- 1	1. MARKIED Y REVER MARKIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER   last birthday)   Months	Days Hours Min.
		OCT. 26, 1908 57 yrs.	
10 du	Da. USUAL OCCUPATION (Give kind of workdone Industry)  Output	CC	TIZEN OF WHAT DUNTRY?
	uto Service Station Owner & Opera	tor Maryland	USA
10	Lewis Holden	Bessie Comegys	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.		
(Y	es. no. or unknwn) i (If yes give war or dates of service)		26.1
1		Clara Holden - Chestertow	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	_	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYO CAPTURE (CONTROL OF CONTROL OF CONT	"NFOKT	5 mmt
	4201 DUE TO 1	1 ( -	16.
	Cenditions, If any, which (b) Coronan and	y duesone	10 years
	gave rise to immediate cause (a), stating the DUE TO		U
-	underlying cause last. (c)		
E E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CA			YES NO 4
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.	)
		CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m.  p.m.  19  at work at work	y, street, office bldg., etc.)	iity) (State)
1-	21. I certify that (I) (this hospital) attended the deceased from	1966 to 10-10 196	C. that (I) (we) last
		death occurred at APP M, from the causes and on the	
	22a. SIGNATURE	Look n	ATE SIGNED
	Q OS CLM.D.	ATTENDING MED. STAFF 10/	11/66
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) A. C. Dick	Chestertown, Md.	
23	a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		
	Burial 10/13/66 Chester Cer	metery Chestertown, M	d.
24	4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
	Hullis Wolf Chestertown,	Md. DATE OCT 14 1966 Polia	Ja . D 100
) =	#	901 I I 1000	Judge

25,331 The World Charles Rolling a Country Myocardial infant Cravary arty diseres 10-9 LE James 11-9 all the Chart delt. N. . 

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	DIVISION OF STATISTIC	CAL RESEARCH	AND RECORD	EPARTMENT OF s, 301 W. PRESTO E_OF_DEATH	N STREET		E 1, MAR 141	YLAND 678	
1.	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if outside corpora write RURAL and give nearest tow		MARYLAND NGTH OF STAY IN 1b	2. USUAL RESIDENCE a. STATE C. CITY OR TOWN (IF	ARY/AN	d b. COUNT	3000	Han	0.5
	d. NAME OF HOSPITAL OR INSTITUTION	ON (if not in hospital	, give street address	d. STREET ADDRESS				e. IS RES ON A YES	FARM?
3.	(Type or print)	IdiE	Middle	/ Hughes	4. DATE OF OEATH	Month 10	2	ay Ye	66
5.	SEX 6. COLOR OR RACE -EMPLE CULCERS	WIDOWED	DIVORCED DIVORCED	8. DATE OF BIRTH	3	33 yrs.	onths Days	Hours	Min.
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15	WAS DECEASED EVER IN U.S. ARMED FO (If yes give war or dates of		L SECURITY NO.   17.	14. MOTHER'S MAIL HES + B	DEN NAME	HORSE Address	Y		
	18. CAUSE OF DEATH [Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE Conditions, If any, which gave rise to immediate cause (a), stating the DUE	(a) SU (2) TO (b) TO	(a), (b), and (c).]	HEMAT	omA		IN OR	TERVAL BE NSET AND	TWEEN DEATH Pres
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27	21. I certify that (I) (this hos saw the deceased alive on 7 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Relph H	Libby	19 (e), and th	at death occurred a	MED.  MED.	the causes ar	, 19 6 9 nd on the da 22b. DATE 5 10 - 3	ate stated SIGNED 3 - GC	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Queen Anne's County after the f queen Anne's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag centreville, Maryland Centreville. Maryland Lifetime = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS within Home 336 South Commerce within letely completely ve carbon 3. NAME OF First Middle Last DATE Month DECEASED Mitchell 10 event. Merinton DEATH (Type or print) executed 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED and con 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 9. any Male Colored WIDOWED DIVORCED g physician a yen please ru noval, and in .= 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Anne's Co. Md. Various Labor certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending pit permit. Then nation, or remove Ella Thompson William Mitchell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Hazel Sudlers Centreville.Md. Yes cremation, been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Artroscler: 515 Cereberal DUF TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has as NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r this certificate is detached for use te Dept. of Health CERTIFICAT Severel 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II) of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While After d be d While p.m at work at work retained 19 66. to act 26, 19 66, that (1) (we) last the 21. I certify that (I) (this hospital) attended the deceased from less DIRECTOR: age 3 should lied with the and that death occurred at 534M, from the causes and on the date stated above. saw the deceased alive on\_ 22a. SIGNATURES STAFF page M.D. PHYS. DIRECTOR PHYS. may FUNERAL ADDRESS 22c. PHYSICIAN'S director, p NAME (TypeRodney Layton M.D Centreville. Maryland C. Page BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial (Specify) 0 Chesterfield Cem. Centreville . Maryland 11966 ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTO Melarles 1966 Chestertown Md

MARYLAND STATE DEPARTMENT OF HEALTH

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INTERVAL BETWEEN

ONSET AND DEATH

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PERFORMED?

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DATE SIGNED

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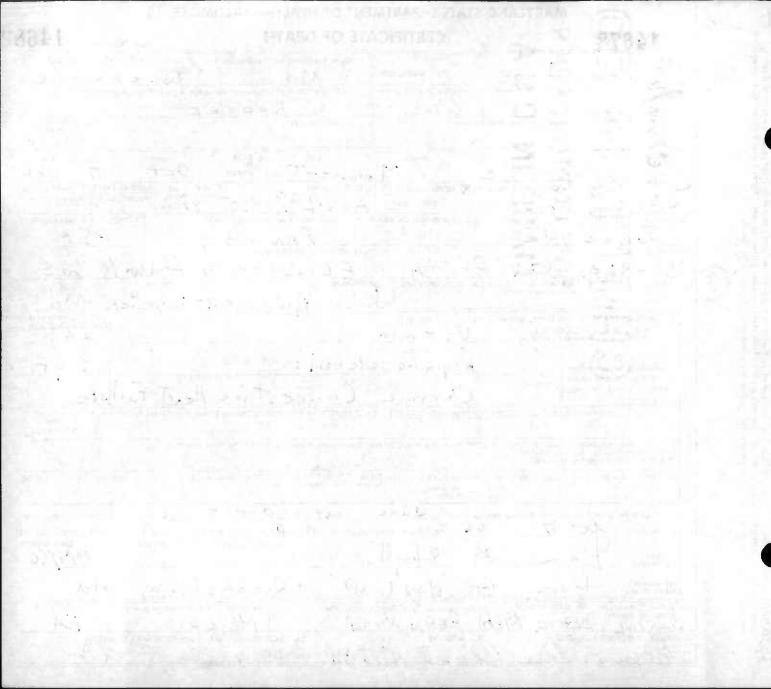
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY completely filled in by the i ve carbon papers. Pages I event, within 72 hours after MARYLAND c. CITY OR TOWN (If Jutside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write, RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO W YES within 3. NAME OF DATE Middle Month Year Day DECEASED OF (Type or print) SEU DEATH 19 and con SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED last birthday) Months Days in any Hours WIDOWED DIVORCED 0 10a. USUAL OCCUPATION (Give kind of work done physician and physician please representations and in wal, and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be during most of working life, even if retired) INDUSTRY TOME been signed by the attending phy the burial-transit permit. Then pl or to burial, cremation, or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME JAMES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Sep So, Williams bury (Yes, ne, or unkown) (If yes give war or dates of service) 326 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which inem (b) rise to Immediate has been e as the l prior to l DUE TO (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health p PERFORMED? certificate YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: r this certif detached for te Dept. of P DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State factory, street, office bldg., etc.) After 1 Hour a.m. While Not While at work at work p.m. retained 3 should with the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page : ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. may PHYSICIAN'S TO FUNERAL director, p 22d. ADDRESS NAME (Type) BURIAL, OREMATION, REMOVAL, (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or edunty) (State) BURIA REGISTRAR'S SIGNATURE FUNERAL/DIRECTOR REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14680 CERTIFICATE OF DEATH
14684

1.	PLACE OF DEATI a. COUNTY	Н						E (Where d	leceased lived, If i		sidence	before a	dmission)
		een Anne's		Manua		a. STATE	Md.		b. col		m Ra	2001	
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R	ural Mi	llington		F-S-CU-S-U		Rural	Mil	Lingt	on	-17	-/		
	d. NAME OF HOS	SPITAL OR INSTITUT	TION (if not in h	ospital, give street add	ress)	d. STREET A	DDRESS				1 0.		SIDENCE
12.													FARM?
					- 1						Y	ES K	NO L
3.	NAME OF		First	Middle		Last		4. DATE	Mon	th	Day	Ye	ar
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F	emale	White	WIDOWED	DIVORCED		anuary	6.18	85	81 yrs.		,		
108	. USUAL OCCUPAT	ION (Give kind of wo	rk done   10b. K	IND OF BUSINESS OR					te, or foreign count	ry)   12. CI	TIZEN O		
-		Ing life, even If reti		NDUSTRY							UNTRY?		
	ousework		Own	Home					on, Md.	U.S	-A-		
13.	FATHER'S NAM	E				14. MOTHE	R'S MAIDE	EN NAME					
100	Daniel R	. Cole.			- 1	Reta I	A. Ch	airs.					
15	. WAS DECEASED	EVER IN U.S. ARMED	FORCES?   16.	SOCIAL SECURITY NO. I	17.	NFORMANT			Addr	ess			
		(If yes give war or date	es of service)										
1	No.				Wo.	lford P	almat	ory.	Dente	on. Md.			
	18. CAUSE OF	DEATH [Enter only	one cause per I	Ine for (a), (b), and (c).]				Λ	0 3			VAL BE	
	PART I. DE	ATH WAS CAUSED	BY:	Quete.	10	mille		11/2/	0.11.11.	,	ONSE	T AND	DEATH
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	Cenditions, If	any, which \	(b)	CHIDI	mic	- 2	WHA	cul	det				
	gave rise to					(	1	1					
	cause (a), st	tating the	JE TO		0	01	ati	1)	20.0.				
-	underlying caus		(c)	J-yes	cr	COS	que		alle	7			
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R	OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DI TIFY MEDICAL EXAM	EATH 200	PESCRIBE HOW INJUNT	UCCUR	The Center I	iature of	injury in i	rait i oi rait ii	of item 10.,			
	(IF EITHER, NO	TIFY MEDICAL EXAM	MINER)			/							
MEDICAL	20c. TIME OF	INJURY Month, Day	y, Year 20d. I	NJURY OCCURRED   200	. PLAS	E OF INJURY	(Home, far	m, 20f.	(City or town)	(Cour	ity)	(5	State)
ă	Hour a.n	n. '	While	- Not write	factory	y, street, offic	e bldg., etc	c.)					
M	p.r	n. 1	9 Wat work	at work									
	21. I certif	v that (I) (this ho	spital) attende	ed the deceased from	n Tu	1 1964	19	to	10d 3	196	la tha	t (1) (v	we) last
		ceased alive on_	8.003				red at	ZÁM F	rom the causes	and on th	e date	stated	ahove
	22a. SIGNATUR		-47	13127, 0110	11/24	ucatii occui	ica ac	71.111, 1	TOTAL CITE COUNCE	1 22b. DA			00000
	LLU. OIGINIO		1	011 -011	V	ATTENDING	M	ED.	STAFF _		11	111	1
			IN W	fleater	M.D.	PHYS.		IRECTOR	PHYS.	10	14	14	10
	22c. PHYSICIA NAME (Ty		A 2 C	No V		22d. ADD		11-	MA 9300	0	1		
	MANIE (1)	re C.H. Me	tcalfe.	M.D.		Suare	ersvi.	rre'	Md. 2166	0			
23a	. BURIAL CREM	IATION, 23b. DAT	E THEREOF	1 23c. NAME OF CEMI	ETERY	OR CREMATO	RY	1 23d. L	OCATION (City.	town or cour	nty)	(Si	tate)
	Bullal (Spe	noifu)	,1966	Crumpton C				-		.A.Co:		Md	
			,,1300		Cuie		DEC.				CLONG		•
24	. FUNERAL DIRE	CIUR		ADDRESS		2	5a. REC'	D BY REG		REGISTRAR'S			1 - 11
E	dward Fe	llows,	Mill:	ington, Md.			DATE 0	6 0	1\$66	filla	rles	Jus	7

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		14681		CERTIFICATE	OF DEATH		161	75
	(	PLACE OF DEATH	MERY	ANNE MARYLAND	o. STAPEN BROW	ere deceased lived, if institut 1 LOND b. COUN	CARO	LINE
		wite RURAL and g		c LENGTH OF STAY IN 16	R	de corporate lignits, write RUF	RAL and give near	05.2
0	(	d. NAME OF HOSPITAL	OR INSTITUTION (If not in ho	ISPITAL NURSING	d. STREET ADDRESS		Q	e. IS RESIDENCE ON A FARM? YES NO
	[	NAME OF DECEASED (Type or print)	WELL-	DAM Middle R	CKAR9S	4. DATE Mont OF DEATH	x. 2	8 1966
)	S. S	SEX M		ARRIED NEVER MARRIED DOWED DIVORCED	DATE OF BIRTH  DEC 28, 189	9. AGE (In years lost sirthday) yrs.	Months Doys	Hours Min.
	duri	usual occupation (or no most of working life	ive kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	DNO)	12. CITIZEN C COUNTRY	OF WHAT
	13.	FATHERS NAME	J. F. (	RICKARDS	14. MOTHER'S MAIDEN NA	ME /		
		WAS DECEASED EVER I s, no, or unknown) (If	N U.S. ARMED FORCES? yes give wor or dates of servic		M. T.	RECKAR	IN, 20	DGELY
			H (Enter only one couse per WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).)  Throm boss	's of Mida	1/c Ceteperio		TERVAL BETWEEN
		Conditions, if ony, w	hich gove ) (b)	Generial	Artros	c/cr03/3		yedr
		rise to immediate e stating the underly last.						
0	ATION	PART II. OTHER SIGN	FICANT CONDITIONS CONTRIB	Helemples	HE TERMINAL DISEASE CONDI			WAS AUTOPSY PERFORMED? YES NO
	MEDICAL CERTIFICATION	20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Po	rt I or Port II of item 1B.)		
	MEDICA	20c. TIME OF INJURY Hour o.m. p.m.	Month, Day, Yeor		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
		21. I certify saw the dec	that (I) (this haspital) eased olive on	ottended the deceased from 6	death accurred at	12 M, fram causes	and on the da	ite stated above.
į		220. SIGNATURE	Kath	, M.D	. PHYS. DI	ED. STAFF RECTOR PHYS.	22b. DATE SIG	0-61
		22c. PHYSICIAN'S NAME (Type)	CR.	bayton	22d. ADDRESS Cen	Yreville	my	
	250	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Tov	(Count	AD (Stote)
3	24.	FUNERAL DIRECTOR	V. hoor	e Denton 1	Ud. 250. REC'D B		Clarles	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66 The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STAT WEED HANES BALTIMORE MARYLAND funeral may be Department after death c. CITY OR TOWN (Ifloutside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b write BURAL and give nearest town) RURA GRASODVILLE the 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? any delay K. 2, and 3 to t State hours ARROWS NO L YES NAME OF Middle DATE Month Day Year DECEASED DEATH (Type or print) 16 19 0 2 with AGE (In years | IF UNDER 1 YEAR (IF UNDER 24 HRS. COLOR OR RACE DATE OF BIRTH Give Pages 1. 7. MARRIED NEVER MARRIED last birthday) Months Days 60 OREC WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) INDUSTRY AMERICAN during most of working life, even if retired) KEITHER LABORETS SOTE HIND REFINER any See 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. EXAMINER: This certificate should be executed within 24 hours E L ompo File 15. WAS DECEASED EVER IN U.S. ARMED FOR ES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. I 0 INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY: 10 2m IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediata DUE TO cause (a), stating the used as a to burial, undarlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO D YES T 0 51 certificate, writing to should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 shoul MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work Inspection 1 Inquiry 14. and in my opinion should 21. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: Undetermined manner death resulted from: Natural causes Accident Suicide Homicide the execute the r. Page 4 s d for your f CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 0 FUNERAL I DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR EREMATORY. BURIAL, CREMATION. 23b. DATE THEREO LOCATION (City, town or county) (State) 23c. REMOVAL (Specify) o mooun 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRES VR A SME (5)

The state of the s The California and the Californi

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and may event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14683

Thems: #8 & CERTIFICATE OF PACIFIC ATH
14686

TERS #0 & 9 FIII #UOUZ	10/2//00 00
PLACE OF DEATH     a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Queen Anne's MARYLAND	Pa. Bedford
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural Chestertown	Hopewell 75 - 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS   e. 15 RESIDENCE
	Broad Top Township ON A FARM?  YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) HOWARD W.	WRIGHT DEATH October 14. 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 1914/ LA AGE (In years LIFUNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	February, 9, 1915 St. 52/yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even If retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Laborer Road Construction	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Wright	Cora Fouse
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	. INFORMANT Address
Yes. W.W. 11	ank Wright, Chambersburg, Pa.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	asiline Whileleling
Occiditions of any orbitals a	
conditions, If any, which gave rise to immediate (b)	- agoculfell
cause (a), stating the DUE TO	New and
underlying cause last. (c) Pluscy 4	self Elphon
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUPY (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY OCCUPY (IF EITHER, NOTIFY MEDICAL EXAMINER)   20c. DESCRIBE HOW INJURY OCCUPY (IF EITHER, NOTIFY MEDICAL EXAMINER)   20c. DESCRIBE HOW INJURY OCCUPY (IF EITHER, NOTIFY MEDICAL EXAMINER)   20c. DESCRIBE HOW INJURY OCCUPY (IF EITHER, NOTIFY MEDICAL EXAMINER)   20c. DESCRIBE HOW INJURY OCCUPY (IF EITHER, NOTIFY MEDICAL EXAMINER)   20c. DESCRIBE HOW INJURY OCCUPY (IF EITHER, NOTIFY MEDICAL EXAMINER)   20c. DESCRIBE HOW INJURY OCCUPY (IF EITHER) (IF EITHER, NOTIFY MEDICAL EXAMINER)   20c. DESCRIBE HOW INJURY OCCUPY (IF EITHER) (IF EITHER	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Protal chelleri	YES NO A
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While fact	tory, street, office bidg., etc.)
47	00 13 , 1966, to 0414 , 1966, that (1) (we) Tast
	at death occurred at 5.4M, from the causes and on the date stated above.
22a. SIGNATURE	D. ATTENDING MED.  D. PHYS. DIRECTOR PHYS. DIRECTOR
22c. PHYSICIANUS	22d. ADDRESS
NAME (Type) C.H.Metcalfe. M.D.	Sudlersville, Md. 21668
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	RY OR CREMATORY   23d. LOCATION (City, town or county) (State)
Burial Oct.16,1966 Methodist Ce	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Edward Fellows. Millington, Md.	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14687

			411
1.	PLACE OF DEATH a. COUNTY  OF THE MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE MARY AND COUNTY	desidence before admission)
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
R	write RURAL and give nearest town.	Church HIII.	17-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
•		l DNF	YES NO NO
3.	NAME OF DECEASED (Type or print)  Tohn  WESTAV	WRIGHTS DEATH OF STATE Month	P Day Year 1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. MARRIED DIVORCED 7. MARRIED DIVORCED 7.	B. DATE OF BIRTH  9. AGE (In years   IFUNDER   Months   Wonths   W	Oays Hours Min.
	USUAL OCCUPATION (Give kind of work done int most of working life, even if retired)		TIZEN OF WHAT DUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
	I homas H. WRIGHT	LITTY HX IHONY	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cetebyal	Ihrombosis .	2 days
	4200 DUE TO (1) 4.	1/ 1 1 1	1.
	Cenditions, If any, which gave rise to immediate (b) Urleu oscleration	Heart Miserse	6 years
Ĥ	cause (a), stating the OUE TO		1
Z	underlying cause last. ) (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TOTHE TEDMINAL DISEASE CONDITION CIVEN IN DADT 1/2)	119. WAS AUTOPSY
CERTIFICATION	PART II. UTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE COMMITTON GIVEN IN PART 1(a)	PERFORMED? YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING DOWN OESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18	
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   factor   20m.   20m.	CE OF INJURY (Home, farm, 20f. (City or town) (Courty, street, office bldg., etc.)	inty) (State)
	21. I certify that (I) (this hospital) attended the deceased from	ulus ( 1961 to Oct 3 , 196	6, that (I) (we) last
10	saw the deceased alive on Oct. 1 1966, and that	death occurred at 7th M, from the causes and on the	
	22a. SIGNATURE M.O	ATTENDING MED. STAFF /	ATE SIGNED
	22c. PHYSIGIAN'S NAME (Type) John R. Smith, Jr.	22d. ADDRESS my le mod	
232	BURIAL, CREMATION, 23b., OATE THEREOF 23c., NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	unty) (State)
	BURIAT JU-8-66 CHURCH HIT	CEMETERY CYFENTARI 25b. REGISTRARI	WE !! PREY BYK
1	FUNERAL BIRECTOR  ADDRESS  PARAL BIRECTOR  ADDRESS  FASTAIN.	25a. REC'O BY REGISTRAR 25b. REGISTRAR	rles Judge

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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VR A15 (4) 20M 1/65